

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010485

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Filed District No. 042

Primary Registration District No. 1000

Registrar's No. 379

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in lb 25yrs	c. CITY OR TOWN St. Joseph Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1401 So 12th		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1401 So 12th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle Gainey Last Gainey		4. DATE OF DEATH Month Mar. Day 13, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 27, 1886
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Laborer		10b. KIND OF BUSINESS OR INDUSTRY Mill	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Ward Gainey	
13b. MOTHER'S MAIDEN NAME Alice Pike		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Records at Schreiber Mills, St.	
17. INFORMANT Address Joseph		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unattended Death - natural Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Causes - investigated by City Health Office DUE TO (c) City Health Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5 a.m. p.m. Month, Day, Year 3-20-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY St. Joseph STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred _____ I hereby certify that the information stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Robert H. Kiebler, MD	
22b. ADDRESS St. Joseph, Mo		22c. DATE SIGNED 3-20-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/20/63	
23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo	
24. FUNERAL DIRECTOR ADDRESS Joseph, Mo		25. DATE RECD. BY LOCAL REG. Mar 22 1963	
26. REGISTRAR'S SIGNATURE Mrs. Clark Standell			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Medical Certification

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59
15117
25117
3
4 0
5 2
6
7 0
8 2
97954
10
11
1270-5
131-0

8861 8 70P

Permit issued 3-18-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by body was not embalmed Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John E. Keefe

Licensed Embalmer No. 3986
P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.